

DAWN & Fort Wayne Chapters of Indiana AEYC
2017 Annual Conference
Connecting the Mind, Body & Heart
 Saturday October 7, 2017

ATTENDEE INFORMATION

Name: _____
 Indiana AEYC Member ID#: _____
 Current place of employment: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Day Phone: _____
 Evening Phone: _____
 Email Address: _____
 Student: YES NO School: _____
 Current T.E.A.C.H. Early Childhood® INDIANA recipient: YES NO

REGISTRATION

- Student – \$30
- Indiana AEYC Member of NAEYC – \$30
- Non-member – \$35
- On-site – \$40

PAYMENT

Check or Money Order
Please make checks payable to Indiana AEYC

Credit Card: VISA / MasterCard / American Express
 CC#: _____
 Expiration Date: _____ CVV Code: _____
 Name on Card: _____
 Signature of Card Holder: _____
 Billing Address: _____

DEMOGRAPHIC INFORMATION

Age Group	Position
<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Teacher
<input type="checkbox"/> Preschool/Pre-K	<input type="checkbox"/> Family Child Care Provider
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Program Dir./School Admin.
<input type="checkbox"/> Primary/School Age	<input type="checkbox"/> Education Coord./Trainer
<input type="checkbox"/> Middle/Secondary	<input type="checkbox"/> Student
<input type="checkbox"/> College Students	<input type="checkbox"/> Govt. Admin./Regulator
<input type="checkbox"/> Families	<input type="checkbox"/> Resource & Referral Spec.
<input type="checkbox"/> Other Adults	<input type="checkbox"/> Early Interventionist
<input type="checkbox"/> Other	<input type="checkbox"/> Home Visitor
	<input type="checkbox"/> Other
Professional Setting	Race/Ethnicity
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> White
<input type="checkbox"/> Registered Ministry	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Head Start	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> College/University	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Chinese
<input type="checkbox"/> Preschool	<input type="checkbox"/> Filipino
<input type="checkbox"/> Clinic	<input type="checkbox"/> Japanese
<input type="checkbox"/> Elementary	<input type="checkbox"/> Korean
<input type="checkbox"/> Home Based	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other	<input type="checkbox"/> Other Asian
	<input type="checkbox"/> Native Hawaiian
Conference Attendance	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> First time attendee	<input type="checkbox"/> Samoan
<input type="checkbox"/> Attended previously	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Attend annually	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other
Level of Experience / Education	
<input type="checkbox"/> Level 1: Beginner/Pre-Credential	
<input type="checkbox"/> Level 2: Novice/Credential	
<input type="checkbox"/> Level 3: Intermediate/Associate Degree	
<input type="checkbox"/> Level 4: Experienced/Bachelor's Degree	
<input type="checkbox"/> Level 5: Advanced/Master's Degree and Beyond	
Indiana AEYC Membership Status	
<input type="checkbox"/> NAEYC Member, affiliated with Indiana AEYC	
<input type="checkbox"/> NAEYC Member, not affiliated with Indiana AEYC	
<input type="checkbox"/> Non-Member	
<input type="checkbox"/> Past Member	
<input type="checkbox"/> Want membership information	

Register online or complete this form and mail or fax to:

Online: www.iaeyc.org/dawn or www.iaeyc.org/fortwayne

Mail: Indiana AEYC
 Attn: Registration
 4755 Kingsway Dr. Suite 107
 Indianapolis IN 46205

Fax: 317-259-9489